Objective: To assess adherence to previously published guidelines in acoustic neuroma screening. Acoustic neuromas commonly present with asymmetrical sensorineural hearing loss. Strict criteria for asymmetry have been developed to appropriately and cost-effectively scan (MRI) for this tumour.
Setting: Otolaryngology department of a teaching hospital with a tertiary referral lateral skull base practice.
Method: Review of 100 patients in whom MRI scans had been requested for asymmetrical sensorineural hearing loss was undertaken. Their audiograms were compared with guidelines giving specific audiometric criteria for scanning previously published by our department 6 years previously.
Results: whilst the protocol was adhered to in many cases, there was a significant number in which scans were inappropriately requested, as the asymmetry did not meet the expected audiometric criteria. This may be due to frequent turnover of junior staff, which has increased in recent years.
Conclusion: A re-education programme was undertaken and new staff will be made aware of the guidelines at their departmental induction. Appropriate requests for MRI scans will have cost savings and prevent unnecessary patient anxiety.

THE LYMPH NODE YIELD OF NECK DISSECTIONS – IS THERE A DIFFERENCE BETWEEN CONSULTANT SURGEONS AND SPECIALIST REGISTRARS?

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Aims: To compare the lymph node yield in neck dissections carried out by consultant surgeons and specialist registrars at a single centre.
Methods: Retrospective analysis of 80 neck dissections over 4 years for total number of lymph nodes excised in each of the cervical oncological levels. For each year, the last 10 neck dissections carried out by specialist registrars during their one year training at the centre were analyzed, with the last 10 neck dissections carried out by consultant surgeons. Eight registrars at different stages of training and three consultant head and neck surgeons were used. Comparison was made between the two groups for each of the six oncological levels (and sub-levels).
Results: Independent t-test analysis showed there were no statistically significant differences in lymph node yield for any oncological levels between consultant surgeons and specialist registrars ($p > 0.05$). The most notable difference, albeit non-significant, was for Level III lymph nodes, with consultants yielding a mean 6.5 lymph nodes ($n = 38$) and registrars yielding 4.5 lymph nodes ($n = 24$) ($p = 0.08$).
Conclusion: The lymph node yield of neck dissections carried out by specialist registrars towards the end of their year of head and neck training does not differ significantly from consultants.

GALLBLADDER ASPIRATION ROUTINELY FOR LAPAROSCOPIC CHOLECYSTECTOMY

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Objectives: A meta-analysis of published literature comparing outcomes after aspirating (ASP) the gallbladder versus non-aspiration (NASP).
Methods: Electronic databases were searched from January 1985 to November 2009. A meta-analysis was performed to obtain a summative outcome.
Results: Two randomized controlled trials involving 360 patients were analyzed. 180 patients were in the ASP group and 180 in the NASP group. There was no significant increase in operative time in the ASP group compared with the NASP group [random effects model: SMD = -0.72, 95% CI (-2.16, 0.71), $z = 0.99$, $df = 1$, $p = 0.32$] but there was significant heterogeneity amongst trials [$Q = 42.4$, $p < 0.001$, $I2 = 98\%$]. Patients undergoing ASP were less likely to have a gallbladder perforation [random effects model: $RR = 0.42$, 95% CI (0.19, 0.96), $z = 2.05$, $df = 1$, $p < 0.05$] but no difference was found regarding the loss of gallstones [random effects model: $RR = 1.33$, 95% CI (0.30, 5.85), $z = 0.38$, $df = 1$, $p = 0.70$]. No difference was seen for liver bed bleeding [$p = 0.43$] or overall 30 day infection rates [$p = 0.66$].
Conclusions: Aspiration of the gallbladder is safe and gallbladder perforation rates may be less.

DIAGNOSIS AND SURGICAL MANAGEMENT OF FREE-FLOATING THROMBUS WITHIN THE CAROTID ARTERY

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Objective: Free-floating thrombus (FFT) of the carotid artery is a rare condition of currently unknown aetiology. Less than 150 cases have been described in the published world literature to date.
Design and Setting: We present 6 consecutive cases of carotid FFT, identified prospectively from 5,000 carotid duplex scans over a 30 month period in a single tertiary centre for vascular surgery.
Results: All 6 cases involved the left carotid bifurcation in neurologically symptomatic individuals. All patients underwent extensive clinical imaging which highlighted the dynamic nature of this condition with rapidly evolving symptoms and signs. In 5 of the 6 cases, FFT occurred in the absence of a significantly stenosing atheromatous plaque and was not associated with an elevation in velocity on duplex. The patients were all treated with surgical thromboendarterectomy with good result.
Conclusions: Guidelines for treatment of FFT in the carotid arterial system are lacking. Duplex imaging can underestimate the degree of stenosis. FFT presents a challenge in diagnosis due to the rapidly evolving nature of its pathophysiology and detection by imaging modalities. The management of FFT by acute thromboendarterectomy appears to be safe and effective in limiting further focal neurological sequelae.

THE FREQUENCY AND ACCURACY OF PRE-OPERATIVE ENDOSCOPIC TATTOOING OF COLORECTAL LESIONS

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Background: Localisation of small tumours during laparoscopic colorectal surgery is known to be difficult. Colonoscopic tattooing is considered an effective method of pre-operative tumour localisation. This study assesses the frequency and accuracy of tattooing.
Methods: From our laparoscopic colorectal database, data over a 12 month period (April 2008– March 2009) including details on tattoo documentation, visibility and accuracy, was retrieved and analysed retrospectively.

Results: 85 patients (88 lesions) underwent laparoscopic resection during this period. 84 lesions were visualised endoscopically. Of these, 52 (61.9%) were tattooed. 36 (69%) were tattooed at first endoscopy, 15 (28.8%) at a further procedure, and one unknown. The tattoo was adjudged as visible and accurate in 74%, visible but inaccurate in 9% and not visible in 17%. There was no relationship between tattoo visibility and BMI ($p = 0.35$) or male sex ($p = 0.54$). Of the 32 lesions visualised but not tattooed, 14 were in the right colon and 6 in the rectum below the peritoneal reflection. No tattoo-related complications were encountered.
Conclusion: The practice of tattooing colorectal lesions varies in frequency and accuracy. We advocate that all suspicious lesions, except perhaps mid-low rectal lesions, are tattooed at a defined distance below the tumour in case surgery is required.

DETECTION OF CERVICAL LYMPH NODES IN HEAD AND NECK CANCER: A STUDY OF THE CORRELATION BETWEEN ULTRASONIC AND HISTOLOGICAL FINDINGS IN WALES

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The prognosis of patients with Head and Neck cancer relates to a degree on the presence and region of local metastatic disease to the neck. Pre-operatively it is essential that an accurate evaluation is undertaken so effective treatment can be undertaken. Ultrasonography has been shown to be effective in examining the cervical nodes and had become an investigation of choice in Head and Neck surgery. A retrospective study of 50 patients with Head and Neck carcinoma was undertaken examining each region of the neck for evidence of local metastatic disease. All patients had undergone elective neck dissection which followed pre-operative assessment with ultrasound. 29 (58% CI 48.21 and 67.2) were found to have malignant lymphadenopathy on ultrasound examination compared with 27 (54% CI 44.26 and 63.44) on histological assessment. Correlation using Kappa statistics for categorical data shows correlation at 0.96 or very good agreement. Overall ultrasonography had high sensitivity and specificity 85% and 79% respectively. Positive and negative predictive values were strong at 82% each although false positive and false negative rates of detection were 21% and 15% respectively. Conclusion- Ultrasound remains an effective pre-operative investigation in the assessment of Head and Neck cancer with high correlation of results.

BREAST CANCER SCREENING: WORTH THE PAIN?

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Aims: In recent years, some parties have suggested that it is not worth attending national breast cancer screening as it causes more harm than benefit. A recent study by Gotzsche et al (2009) concluded that the UK national patient information leaflet should be revised to reflect this.
Methods: This study attempted to reproduce these results by retrospective analysis of all patients registered at one UK general practice invited to be screened for breast cancer over a period of 21 years.
Results: A total of 1128 patients were invited to be screened over a 21-year period. 97% had normal results. Out of 24 recalled, 6 resulted in invasive investigations. It was extrapolated that for every 2000 women screened for 10 years, two experienced false alarms and less than 1 (0.5) underwent additional procedures. Patients were 100 times less likely to experience a false alarm and 20 times less likely to undergo an invasive procedure than suggested by Gotzsche et al.
Conclusions: This audit demonstrated that the data presented by detractors of the breast screening programme could not be reproduced in a primary care population, thus presenting a strong argument as to why it would be misleading to revise patient information leaflets.

BLOOD TRANSFUSION IN GENERAL SURGERY; MSBOS GUIDELINES ARE ACCURATE AND CAN DECREASE BLOOD WASTAGE

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Background: Blood products are important for safe surgical practice but limited. The local Maximum Surgical Blood Ordering Schedule (MSBOS) simplifies blood transfusion requests but is outdated. SIGN guidelines recommend a cross-match:transfusion(CT) ratio of (1.5-2):1 ensuring that over 50% of cross-matched units are transfused. In 2005, only 40% were transfused. The remainder were potentially wasted. Aims To characterise General Surgical blood use and assess MSBOS compliance over eight weeks. To determine the CT ratio for elective General Surgical patients.
Methods: All elective general surgical patients were included for eight weeks. An individual patient proforma was completed with operative and transfusion details. Cross-match requests and transfusions were confirmed by Blood Bank.
Results: In 104 elective admissions, there were 45 cross-match requests with 126 units of blood cross-matched. 36 units were transfused and 90 units were returned. CT ratio was 3.5:1 (29%). 64% of operations followed MSBOS. The remainder exceeded MSBOS.
Conclusion: Blood transfusion guidelines were not met. There was no evidence that patient safety was compromised. If MSBOS had been followed, the CT ratio would have been 2.2:1 (45%), closer to current guidelines. When blood requests exceeded MSBOS recommendations, the excess blood was never given. We have now simplified the schedule and educated staff. Repeat audit is underway.

HER2 POSITIVE BREAST CANCER AUDIT: IDENTIFICATION AND AVAILABILITY OF RECEPTOR STATUS AND DECISION TO TREAT WITH HERCEPTIN

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Introduction: HER2 receptor overexpression occurs in approximately 20% of invasive breast cancers. These cancers tend to be more aggressive, with a higher risk of recurrence. Although immunohistochemistry (IHC) can determine HER2 status, results can be equivocal. Alternatively, the more involved and expensive fluorescent in situ hybridisation (FISH) can be used. Using Herceptin, a monoclonal antibody against HER2 receptors, in combination with chemotherapy can improve survival in late stage HER2 positive breast cancer.
Methods: Single unit retrospective study of 265 patients with invasive breast cancer between 1st August 2008 and 31st July 2009.
Results: 15.5% of cancers were HER2 positive. Initially 15 patients had equivocal results on IHC; 10 required FISH and 3 were subsequently found to be HER2 positive. In 4%, HER2 status was not available at the multi-disciplinary meeting. 27.5% of HER2 positive cancers did not receive treatment with Herceptin, commonly because of co-morbidities or no indication for chemotherapy.